



Contra Costa County WIC Referral Form

PLEASE COMPLETE THIS FORM AND FAX TO:
WIC Program 925-646-5029

If Lactation Follow-up is needed, call Araceli Trejo (Shelly) 925-646-5534

**Please note that WIC is closed on weekends, holidays and the last 2 business days of each month.*

Referral for:	<input type="checkbox"/> Needs WIC Enrollment	<input type="checkbox"/> Lactation Support	<input type="checkbox"/> WIC Pump Request	<input type="checkbox"/> Locker Pump Issued Pump #
	<input type="checkbox"/> CCHP Pump Ordered			
Local WIC Office Preference:	<input type="checkbox"/> Concord	<input type="checkbox"/> Richmond	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> Brentwood
Requesting Hospital / Clinic:		Today's Date:		
Requesting Staff Name: (Please Print Full Name)		Staff Phone #: () -		
Client's Name:		WIC ID#:		
Client's Address:		City:	Mom's DOB:	
Client's Phone #: () -		Language Spoken:		
Alternate Phone #: () -		Does the family have any other children under 5 years old? Yes or No Are they enrolled on WIC? Yes or No		
Method of feeding:		<input type="checkbox"/> Exclusively Breastfeeding <input type="checkbox"/> Combination Feeding <input type="checkbox"/> Formula Feeding		
Baby's DOB:	Baby's sex: M or F	Birth at: <input type="checkbox"/> Full-Term <input type="checkbox"/> Pre-Term Birth: _____ Wks. Gest Age		
Baby's Birthweight:	Gravida____ Para____	Delivery Type:		
Diagnosis:				
Reason for Referral or Pump Request: (150 Character Limit)				



WIC is an Equal Opportunity Program
WIC es un programa de igualdad de oportunidades